

STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee MARK JEANSONNE P.O. Box 488 Moreauville, LA 71355 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/4/2012</div> 3. Estimated Membership <div style="text-align: center;">0</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	Report Number: 28784 Date Filed: 1/4/2012
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Position</u> c. <u>Address</u> </div> <div style="text-align: center; margin-top: 10px;">Chairperson</div> <div style="text-align: center; margin-top: 20px;">Treasurer</div>		
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> c. Relationship to Committee </div>		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> </div> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee		
b. Name of Candidate MARK A. JEANSONNE	c. Office Sought by the Candidate DISTRICT JUDGE AVOYELLES PARISH 12TH	
9. a. Name of Person Preparing Report MARIA MOREAU b. Daytime Telephone 318-359-2302		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This 4th day of January , 2012 . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Deryl Guillory</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>318-997-2347</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Robin Moreau</u> Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> <u>318-563-4730</u> Daytime Telephone </div> </div>		

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

SABINE STATE BANK

THE COTTONPORT BANK

b. Address

306 Walnut Street
Bunkie, LA 71322

144 S. Main
Marksville, LA 71351